

APPLICATION FOR CHANGED ASSESSMENT

This form contains all the requests for information that are required for filing an application for changed assessment. Failure to complete this application may result in rejection of the application and/or denial of the appeal. Applicants should be prepared to submit additional information if requested by the assessor or at the time of the hearing. Failure to provide information the appeals board considers necessary may result in the continuance of the hearing.

Application No.: _____

ALL HIGHLIGHTED FIELDS ARE REQUIRED IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED COMPLETE.

1. APPLICANT'S NAME (last, first, middle initial) OR BUSINESS NAME:

Public, Joan Q.

MAILING ADDRESS / PO BOX Number:

3000 Easy Street

CITY

San Diego

STATE

CA

ZIP CODE

91941

DAYTIME PHONE

(619) 531-5777

ALTERNATE PHONE

()

FAX NUMBER

(619) 531-6098

E-MAIL ADDRESS

2. APPEAL AGENT OR ATTORNEY FOR APPLICANT (IF APPLICABLE)

AGENCY OR PERSON TO CONTACT

MAILING ADDRESS/P.O. BOX NUMBER

CITY

STATE

ZIP CODE

DAYTIME PHONE

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ALTERNATE PHONE

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FAX NUMBER

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E-MAIL ADDRESS

AGENT'S AUTHORIZATION (MUST BE SIGNED BY APPLICANT)

If the applicant is a corporation, the agent's authorization must be signed by an officer or authorized employee of the business entity. If the agent is not an attorney licensed in California or a spouse, child, or parent of the person affected, the following must be completed (or attached to this application—see instructions).

Attached ☐

PRINT NAME OF AGENT AND AGENCY

is hereby authorized to act as my agent in this application and may inspect assessor's records, enter into stipulations, and otherwise settle issues relating to this application.

SIGNATURE OF APPLICANT

TITLE

DATE

6. THE FACTS THAT I RELY UPON TO SUPPORT REQUESTED CHANGES IN VALUE ARE AS FOLLOWS: You may check all that apply. If you are uncertain of which item to check, please check "I. OTHER" and attach a brief explanation of your reason(s) for filing this application. PLEASE SEE INSTRUCTIONS BEFORE COMPLETING THIS SECTION

- ☒ **A. Decline in Value:** The assessor's roll value exceeds the market value as of January 1 of the current year.
- ☐ **B. Change in Ownership:**
- ☐ 1. No change in ownership or other reassessable event occurred on the date of _____.
- ☐ 2. Base year value for the change in ownership established on the date of _____ is incorrect.
- ☐ **C. New Construction:**
- ☐ 1. No new construction or other reassessable event occurred on the date of _____.
- ☐ 2. Base year value for the new construction established on the date of _____ is incorrect.
- ☐ **D. Calamity Reassessment:** Assessor's reduced value is incorrect for property damaged by misfortune or calamity.

- ☐ **E. Personal Property/Fixtures:** Assessor's value of personal property and/or fixtures exceeds market value.
- ☐ 1. All personal property/fixtures.
- ☐ 2. Only a portion of the personal property/fixtures. Attach description of those items.
- ☐ **F. Penalty Assessment:** Penalty assessment is not justified.
- ☐ **G. Classification:** Assessor's classification and/or allocation of value of property is incorrect.
- ☐ **H. Appeal after an Audit:** MUST include description of each property, issues being appealed, and your opinion of value. Please refer to instructions.
- ☐ 1. Amount of escape assessment is incorrect.
- ☐ 2. Assessment of other property of the assessee at the location is incorrect.
- ☐ **I. Other:** Explain below or attach explanation.

3. PROPERTY IDENTIFICATION INFORMATION

SECURED: ASSESSOR'S PARCEL NUMBER (10-DIGIT PARCEL NO.)

428-111-09-00

UNSECURED: TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION OF PROPERTY BEING APPEALED:

3000 Easy Street

San Diego, CA 91941

PROPERTY TYPE:

- ☒ Single-Family Residence/Condo/Townhouse
- ☐ Apartments (Number of Units _____)
- ☐ Commercial/Industrial ☐ Vacant Land
- ☐ Agricultural ☐ Other _____
- ☐ Business Personal Property/Fixtures

Is this property an owner-occupied single-family dwelling?

☒ Yes ☐ No**4. VALUE:**

	A. VALUE ON TAX BILL	B. APPLICANT'S OPINION OF VALUE (REQUIRED)
LAND	\$199,000	\$150,000
IMPROVEMENTS/STRUCTURES	\$399,000	\$150,000
TOTAL REAL PROPERTY	\$598,000	\$300,000
BUSINESS: FIXTURES		
BUSINESS: PERSONAL PROPERTY		
PENALTIES		

5. TYPE OF ASSESSMENT BEING APPEALED (MUST CHECK 1 BOX ONLY)**IMPORTANT — SEE INSTRUCTIONS FOR FILING PERIODS**

- ☒ Regular Assessment — Value as of January 1 of the current year
- ☐ Supplemental Assessment (ATTACH COPY OF TAX BILL)
- Date of Tax Bill _____
- ☐ Roll Corrections/Escape Assessment/Calamity Reassessment (ATTACH COPY OF TAX BILL OR NOTICE)
- Date of Notice or Tax Bill _____ Tax Year: _____

7. WRITTEN FINDINGS OF FACTS (Fee required — see instructions)☐ Are requested☒ Are not requested**8. Do you want to designate this application as a claim for refund? Please refer to instructions first.**☒ Yes☐ No**CERTIFICATION: ORIGINAL SIGNATURE REQUIRED**

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of the taxes on that property—"The Applicant"), (2) an agent authorized by the applicant under Box 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar No. _____, who has been retained by the applicant and has been authorized by that person to file this application.

SIGNATURE

Joan Q. Public

NAME AND TITLE (please type or print)

Joan Q. Public

SIGNED AT:

CITY

San Diego

STATE

CA

DATE

11-26-2009

☒ Owner ☐ Agent ☐ Attorney ☐ Spouse ☐ Registered Domestic Partner ☐ Child ☐ Parent ☐ Person Affected